

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

7-1-04

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(r)(2) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ -0-

b. FFY 2005 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same page, Revised 04-01-04, TN# 04-01

Oklahoma 104-02
approved: 08/16/04
effective: 07/01/04

10. SUBJECT OF AMENDMENT:

Revision to the maintenance of effort with regard to \$1.00 decrease in State Supplemental
Payment to SSI recipients

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

~~June~~
July 16, 2004

16. RETURN TO:

Oklahoma Health Care Authority

attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

22 June 2004

18. DATE APPROVED:

16 AUGUST 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JULY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Shirley Skopie for Andrew A. Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock**pen and ink change to item 15. (original submission date)*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$613.00	\$944.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$613.00	\$944.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$613.00	\$944.00	SSI

SUPERSEDES 04-01

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-16-04</u>	
DATE APPL'D <u>8-16-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-02</u>	

Revised 07-01-04

TN# 04-02
 Supersedes
 TN# 04-01

Approval Date 8-16-04Effective Date 7-1-04